



AS SEEN IN COSMETIC SURGERY & BEAUTY MAGAZINE



industry

Cosmetex 2013

THIS YEAR'S **COSMETEX CONFERENCE** TACKLED TWO IMPORTANT ISSUES FACING THE COSMETIC ENHANCEMENT INDUSTRY. CAITLIN BISHOP REPORTS.

As the first chills of winter crept into Melbourne, cosmetic and plastic surgeons, dermatologists, cosmetic physicians and nurses descended on the Victorian capital to take part in Cosmetex 2013.

Organised by the Australian College of Cosmetic Surgery (ACCS), Cosmetex welcomed an authoritative team of keynote speakers from around the globe, including Canadian plastic surgeon Dr Arthur Swift and Professor Leslie Baumann, a US cosmetic dermatologist and author of *New York Times* bestseller *The Skin Type Solution*.

'Cosmetex is the biggest cosmetic surgery conference in the Southern Hemisphere and this year was our biggest so far,' said ACCS President, Dr Colin Moore.

This year, the emphasis of the conference was on two prevalent issues: new techniques in the field of fillers and injections and how best to step away from 'the alien face' of cosmetic surgery.

'There's a heavy emphasis on not over-doing things, especially around the face,' said Dr Moore, 'The emphasis this year is doing less – less is more.'

Less is More

A fierce proponent of the 'less is more' approach to cosmetic enhancement, Dr Swift's keynote presentation highlighted something he believes is often overlooked by practitioners – that of an aesthetic stopping point.

In his talk on BeautiPHlication: A Caliper Approach to Global Facial Enhancement, Dr Swift explained his principle using the golden ratio, or Phi, to establish the most natural and aesthetically pleasing result in facial rejuvenation. He urged physicians to stop striving for perfection and instead focus on proportions.

'Physicians try to push a result so far they actually go past the point of creating the best version of someone, and actually start detracting from their patient's beauty,' he said in an exclusive interview with *Cosmetic Surgery and Beauty Magazine* (CSBM). 'Take symmetry for example: some physicians try so desperately to make the two sides of the face look like twins, but if you see somebody who has the left side of their face reflected onto the right side by mirror imaging, it looks quite boring and alien like. The two sides of the face should be sisters, not twins.'

An advocate of the use of Phi in aesthetic medicine, Dr Swift believes it's possible to define a 'stopping point' for cosmetic enhancement based on mathematics and the golden ratio, 1.618. Inspired by the occurrence of Phi in historical art, architecture and nature, Dr Swift researched the possibility of applying the same principle of divine proportions to the face. After three years of research, Dr Swift established that the distance across the nose, from the corner of one eye to the other, doesn't change with age. With this measurement as his constant, Dr Swift began using the phi ratio of this distance, or 1.618 times this distance, to guide his work in non-facial rejuvenation.

'I was always surprised to see how people could discern an attractive face so quickly. If you're walking down the street and you see someone walking by, even if you only see them for a second, you're able to tell if it's a beautiful face or not,' Dr Swift says. 'I started to apply the phi ratio to all different areas of the face and it seems our eye picks up on how close those ratios are to 1 to 1.618. The closer they are, the more beautiful the person seems to be. Now, instead of injecting dermal filler and saying "I think that looks right," I use filler to bring faces closer to the phi proportion.'





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With a guiding measurement established, Dr Swift addressed the importance of treating the face holistically for the best results in facial rejuvenation. Identifying the difficulty presented by the 'moving canvas' of an ageing face, Dr Swift recommends dividing the face into thirds (upper third, middle third and lower third) and treating one of three things in each section – either the lines, the feature or the volume. By dividing the face like this, Dr Swift believes nothing is missed, everything is considered in proportion and the often overwhelming task of rejuvenating an entire face is somewhat simplified.

'Our phi destination is unique for each female; it's a daunting task, especially when we're dealing with a landscape that's always changing – the fat is reabsorbing, the nose is lengthening, the bones are shifting – it's really not fair,' Dr Swift explains. 'Many injectors will treat the areas they know how to treat, focusing on the lips or cheeks and forgetting about the other areas. When you restore the face you must focus on the whole face. If you divide the face into thirds, and treat the feature, lines or volume in each area, you're not faced with that blank piece of paper that gives you writer's block, you're faced with specific areas to concentrate on.'

Dermal fillers – countering the risks

Building on Dr Swift's thoughts on using dermal fillers and toxin injections for facial rejuvenation, Professor Baumann discussed the possible risks associated with fillers and the importance of being prepared to counter these complications should they arise. Touching on the occurrence of vascular necrosis after filler injections, Professor Baumann explained the complication, how it can be fixed and the simple necessity of having the tools available to treat it.

'Blood vessels bring blood and oxygen to the skin's surface; if these vessels are compromised the skin cells will start to die, which is called necrosis,' Professor Baumann explains. 'There are two ways fillers can cause this. Firstly, if someone injects it into an artery, the filler will block the blood flow and necrosis will begin. It can also happen if they inject too close to the blood vessel and the filler swells and pushes in on the artery.'

According to Professor Baumann, this is why choosing a doctor with experience is so important. 'Anyone can inject filler but not anyone can inject it into the right place and treat the problem,' she says.

While managing vascular necrosis is the responsibility of the physician, Professor Baumann says the risk of bruising after cosmetic injections can also be moderated, this time by the patient. Professor Baumann urges her clients to follow a nutrition regime leading up to the procedure, in a bid to lower the chance of bruising following the injections.

'There are several things patients can do to reduce the chance of bruising, which is a common side effect following injections,' Professor Baumann says. 'These include no alcohol for 24 hours, no Omega-3 fatty acids



for 10 days, no aspirin for 10 days, no anti-inflammatory medications like Ibuprofen for 10 days, as all these things – minus the alcohol – are good for your heart. They prevent platelets from sticking together, reducing the risk of blood clots and heart disease, but they also increase the severity of bruising.'

Alongside these inspiring presentations, Cosmetex 2013 played host to the first annual cosmetic nurses' meeting in a specifically tailored paramedical program. Registered nurse and founder of Clear Complexions Clinic, Suzie Hoytink, spoke throughout the paramedical program and, in an exclusive interview with CSBM, explained the importance of professional collaboration at conferences like Cosmetex.

'As nurses, we need to talk about our experiences and learn from each other,' says Hoytink. 'We should be thinking of the client first, alongside public safety and education. We should be aiming for the best results for our clients and sharing our knowledge to achieve this.'

As the event came to a close, delegates, faculty and exhibitors alike revelled in the celebratory atmosphere of the Gala Dinner. The night presented an opportunity for Cosmetex attendees to relax and absorb the information, advice and fresh perspectives afforded by the conference. In bringing together professionals from around the globe, Cosmetex presented a rare opportunity for collaboration across nations and specialties, fuelling physicians with fresh motivation to continue to enhance their practice in surgical and non-surgical rejuvenation. **csbm**